

WAITING LIST CHANGE REPORT

Head of Household: _____
(Person listed first on application)

Head of H/H Soc Sec #: _____ Date: _____

☐ **ADDRESS / PHONE CHANGE**

Mailing Address Change

Physical Address Change

Phone: _____

☐ **Change in Preference**

Change in preference: ☐ I no longer live in Mesa ☐ I have now moved into Mesa

☐ I am currently employed to work in Mesa

☐ I am Chronically Homeless? *A chronically homeless person as defined by the U.S. Department of HUD: (either (A) an unaccompanied homeless individual with a disabling condition who has been continuously homeless for a year or more, OR (B) an unaccompanied individual with a disabling condition who has had at least four episodes of homelessness in the past three years." HUD defines the term "homeless" as a person sleeping in a place not meant for human habitation (e.g. living on the streets, for example) OR living in a homeless emergency shelter*

Applicant Certification

I certify that the information given to the City of Mesa Housing Authority is accurate and complete to the best of my knowledge and belief. I understand that false statements or information is punishable under Federal Law. I also understand that false statements or information is grounds for termination of housing assistance and termination of tenancy.

Signature: _____ Date: _____